

Immunization Newsletter

North Dakota Department of Health

Division of Disease Control

Spring 2005

ACIP Recommends Meningococcal Conjugate Vaccine

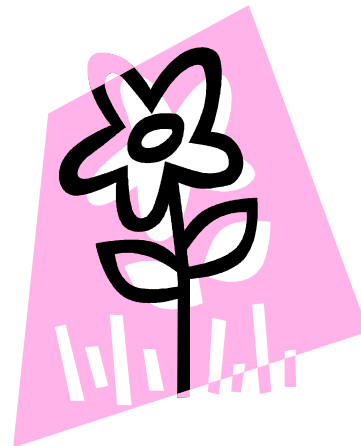
The Advisory Committee on Immunization Practices (ACIP) met in February and passed new recommendations for meningococcal conjugate vaccine (Menactra™). The vaccine is licensed for people ages 11 to 55. The ACIP recommendations are as follows:

- Pre-adolescent visit (11 to 12 years old) and high school entry (14 to 15 years old)
- College freshman living in dormitories
- Other groups at high risk (microbiologists exposed to *Neisseria meningitidis*, people who travel or reside in countries where *N. meningitidis* is epidemic, military recruits, and complement deficient and asplenic patients)

Meningococcal meningitis is the most common form of meningococcal disease with symptoms of fever, headache and stiff neck. It is transmitted by direct contact with the respiratory droplets of an infected individual. The fatality rate of invasive meningococcal disease is 9 to 12 percent, even with antibiotics. The fatality rate of meningococemia is as much as 40 percent. As many as 20 percent of survivors have permanent damage, such as hearing loss, neurologic damage or loss of a limb.

The North Dakota Department of Health (NDDoH) Immunization Program will supply meningococcal conjugate vaccine to Vaccines For Children (VFC) eligible children only. VFC eligibility should be assessed at each visit. Children are considered VFC eligible if they have no insurance, receive Medicaid, are Native American or are underinsured. Children with private insurance that covers vaccines will have to receive private vaccine from a clinic or local public health unit. **The NDDoH will notify providers when Menactra™ is available for order.** Private meningococcal conjugate vaccine may be ordered from sanofi pasteur by visiting www.vaccineshoppe.com.

For more information about meningococcal disease, visit the National Meningitis Association website at www.nmaus.org/.





National Infant Immunization Week

National Infant Immunization Week (NIIW) is scheduled for April 24 through 30, 2005. This year's theme is "Love Them. Protect Them. Immunize Them." NIIW is an annual observance to promote the benefits of immunizations and to focus on the importance of immunizing infants against 12 vaccine-preventable diseases by age 2. Since 1994, NIIW has provided an excellent opportunity for local and state health departments, national immunization partners, health-care providers, and community leaders from across the country to highlight the positive impact of immunizations on the lives of infants and children and to call attention to immunization achievements. If you are interested in planning a NIIW event in your area, visit www.cdc.gov/nip/events/niiw/2005/05default.htm for more information and educational and promotional materials.

50th Anniversary of Polio Vaccine

April 12, 1955, was the day that the first polio vaccine was licensed in the United States. Jonas Salk created the vaccine with funding from what is today known as the March of Dimes. Due to the vaccine, polio was eliminated from the Americas in 1994. The disease still exists in countries in Africa and Asia. It is important to remember that

polio and other vaccine-preventable diseases are only a plane-ride away, and that is why it is important to maintain high immunization rates. For more information about the 50th anniversary of polio vaccine, visit www.cdc.gov/nip/events/polio-vacc-50th/default.htm#bkgrd.

Reporting Chickenpox Cases

The North Dakota Department of Health Immunization Program is again stressing the importance of reporting all cases of chickenpox (regardless if a lab test is performed). Reporting chickenpox cases is important in order to prevent outbreaks from occurring and to monitor the effectiveness of varicella vaccine. In 2004, three people were reported to be hospitalized for chickenpox in North Dakota. It can be an extremely serious disease in adolescents and adults. Cases of chickenpox should be reported to the NDDoH by calling 800.472.2180 or by reporting online at www.health.state.nd.us/disease/Disease%20Reporting/DiseaseCard.htm.

Dickson Temperature Monitors

Many providers have called the immunization program about the Dickson Temperature Monitors (wheels). The NDDoH discontinued the use of the monitors last year. If you are receiving information from the company about calibrating your monitors, please do not do so. The monitors should no longer be used for checking temperatures. Temperatures should still be checked twice a day and recorded on a temperature log using a regular refrigerator thermometer.



Larry Shireley Left the NDDoH

Larry Shireley, former state epidemiologist and disease control director, left the NDDoH in February after 15 years at the department. Larry was an important asset to the NDDoH and will be missed. He was a leader in outbreak situations, decision making and planning. Larry took a position with the North Dakota National Guard. The NDDoH staff wish him the best of luck in his new position. Kirby Kruger has been named the new state epidemiologist and Division of Disease Control director.

Teri Arso Joins the North Dakota Immunization Program

Teri Arso is the new administrative assistant for the NDDoH Immunization Program. Teri is responsible for receiving and processing vaccine orders from providers, monitoring vaccine wastage and transfers, and updating the North Dakota Immunization Information System. The NDDoH would like to welcome Teri to the program.

Pertussis: Preventive Strategies for the Growing Burden

GlaxoSmithKline is sponsoring a one hour CME-certified audio conference about pertussis. The audioconference is available 24 hours a day, seven days a week through Dec. 31, 2005. The audioconference is entitled *Pertussis: Preventive Strategies For The Growing Burden* and provides information about pertussis incidence in the United States, symptomatology, the health impact of pertussis, immunization recommendations, and the economic impact of pertussis. To register for the audioconference, visit www.cahe.com/pertussis2005.



Save The Date! **Dr. William Atkinson Will Visit** **North Dakota April 29**

Dr. William Atkinson from the National Immunization Program (NIP) will give a presentation entitled "Immunizations: Today and Tomorrow" in Fargo April 29, 2005. The presentation will take place in the Century Theater in Memorial Union at North Dakota State University from 8:30 a.m. to 10:30 a.m. Dr. Atkinson will discuss recent changes to the childhood immunization schedule and the rationale for the changes, with a focus on new vaccines and revised recommendations. The target audience includes public health nurses, school nurses, clinic and hospital nurses, student nurses, physicians, nurse practitioners and others working with immunizations. There is no registration fee. Please contact Anne at Fargo Cass Public Health at 701.241.1378 to register. The registration deadline is April 25, 2005.

Temporary Shortage of Typhim Vi® Vaccine

A temporary shortage of injectable typhoid vaccine (Typhim Vi®) was reported to the U.S. Centers for Disease Control and Prevention (CDC) by the vaccine manufacturer. The shortage was brought about by increased demand and is expected to last until early April 2005. A live, oral

vaccine (Vivotif Berna®), also known as Ty21a, remains available for most travelers. As with most live vaccines, pregnant women, and immunocompromised people should not be given the oral Ty21a vaccine. In addition, Ty21a vaccine is not approved by the Food and Drug Administration (FDA) for children younger than age 6. These people should receive the injectable vaccine, two weeks before travel.

Ty21a is administered in a total of four doses, with one pill taken every other day. All four doses must be completed as prescribed, with the last dose taken at least a week before travel for maximum protection.

Because both typhoid vaccines protect 50 percent –80 percent of recipients, careful selection of food and drink and attention to hygiene also are necessary to reduce the risk of typhoid infection. Such precautions will protect the traveler against typhoid fever as well as other common travel-related illnesses, including traveler's diarrhea.

For more information about typhoid fever and typhoid vaccines, see www.cdc.gov/ncidod/dbmd/diseaseinfo/typhoidfever_g.htm.



Current Issues in Immunization Netconference: April 14, 2005

The NIP is hosting a teleconference entitled “**Current Issues in Immunization.**” This program is designed to provide clinicians

with the most up-to-date information about immunization. The session will be held April 14, 2005, at 11 a.m. Central Time.

The one-hour session will focus on emerging immunization topics. The April 14, 2005, session topics will focus on new recommendations for meningococcal vaccine and an influenza update.

To register for the teleconference, visit www.cdc.gov/nip/ed/ciinc/default.htm. The teleconference also will be archived on the website.

National Immunization Survey Data

Recently, the CDC released National Immunization Survey (NIS) data for July 2003 through June 2004. For children 19 to 35 months of age, North Dakota's rates for the 4:3:1:3:3 series (4 DTaP, 3 IPV, 1 MMR, 3 Hep B, 3 HIB) and varicella vaccination are shown below. For comparison, the prior year's rates are also shown. North Dakota is currently below the national average for the 4:3:1:3:3 series and varicella vaccination. Varicella vaccination rates slightly increased in North Dakota from the previous year.

July 2003 – June 2004		
	4:3:1:3:3	Varicella
ND	78.4 ± 5.3	73.2 ± 5.5
US	80.5 ± 0.9	86.2 ± 0.7

July 2002 – June 2003		
	4:3:1:3:3	Varicella
ND	83.9 ± 5.4	71.7 ± 5.8
US	77.9 ± 1.0	82.5 ± 0.9

For more information on the NIS, visit www.cdc.gov/nip/coverage/default.htm#chart.

Pertussis Update

Between January 1, 2005 and March 29, 2005, 41 cases of pertussis were reported in North Dakota. The majority of cases were reported in the 10 to 19 age group. Three hospitalizations due to pertussis infection have occurred. The following nine counties have reported pertussis cases in 2005:

County	Number of Cases
Bottineau	1
Cass	15
Grand Forks	3
Hettinger	1
McKenzie	1
Pierce	1
Ransom	2
Richland	3
Rolette	14

For more information about pertussis in North Dakota, contact Molly Sander at 701.328.4556 or toll-free at 800.472.2180. Information is also available on the North Dakota Immunization Program website at www.health.state.nd.us/disease/Immunization/Pertussis/PertussisMain.htm.



Focus on Pertussis

Johns Hopkins University School of Medicine and The Institute for Johns Hopkins Nursing have created an online educational symposium called "Vaccine-preventable Diseases on the Rise: Focus on Pertussis." The symposium is available until

March 2006. CME and CE credits are available for the course. The presentation discusses the adolescent vaccination schedule, changing prevalence of pertussis, challenges in diagnosing preventable conditions, diagnostic tools and current therapeutic regimens for pertussis. The target audience includes pediatricians, family physicians, internists, adolescent medicine subspecialists, and other health-care professionals. For more information or to view the symposium, visit the Society for Adolescent Medicine website at www.adolescenthealth.org/pertussis_program.

Mumps Case in North Dakota

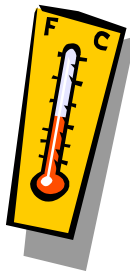
A case of mumps in a North Dakota child was reported in March 2005. The child, who had not been vaccinated with MMR, had classic symptoms with right parotitis. Mumps should be suspected in unvaccinated individuals with parotitis due to no other apparent cause. If mumps is suspected, please contact the North Dakota Immunization program at 800.472.2180.

Mumps is a common disease in many parts of the world, including developing countries in Europe and Asia. Recent outbreaks have occurred in the United Kingdom because of low immunization rates. United States residents should be aware of the possibility for exposure to mumps when traveling outside of the U.S. People may be considered immune to mumps if they have at least one dose of MMR on or after the first birthday, had physician-diagnosed mumps, have laboratory evidence of mumps immunity or were born before 1957.

National Immunization Conference

The National Immunization Conference was held in Washington, D.C., March 21 through 24, 2005. Many topics related to

immunizations were covered at the conference, including adult immunization, epidemiology, health communications, registries and vaccine safety. Conference presentations are available online at www.cdc.gov/nip/NIC/default.htm#tracks. All presentations from the conference will be available by mid-April.



Vaccine Storage and Handling Toolkit

The NIP has created a vaccine storage and handling toolkit. The toolkit contains information about cold chain, storage equipment, temperature monitoring, shipping, inventory management and other important information related to vaccine storage and handling. The toolkit is available online at www2a.cdc.gov/nip/isd/shtoolkit/splash.html.

2005 – 2006 Influenza Vaccination

The projected influenza vaccine supply for the 2005 – 2006 season is unknown at this time. Sanofi Pasteur and MedImmune produced about 61 million doses of influenza vaccine for the 2004 – 2005 season. The two manufacturers are expecting to produce about the same amount of vaccine this year. It is unknown if Chiron will be supplying influenza vaccine to the United States. Chiron's license was reinstated March 2, 2005, by the British regulatory agency. The Food and Drug Administration (FDA) still has to approve

the company before vaccine can be delivered to the U.S. Other vaccine manufacturers are discussing the possibility of U.S. licensure with the FDA for the 2005 – 2006 influenza season and the future.

Since it is uncertain how many doses of influenza vaccine will be available in the U.S. this coming influenza season, CDC has encouraged a two-tiered prebooking strategy by manufacturers, distributors and customers. This prebooking strategy requires customers to provide two requests for influenza vaccine, using (1) the number of doses needed based on anticipated demand among people in the priority groups in the event vaccine supply is limited, and (2) the number of doses needed based on priority group use, plus other groups if the supplies prove sufficient to meet demand from other people wanting to be vaccinated. CDC is also encouraging that vaccine be distributed in partial shipments, with vaccine being delivered to prebooked customers early in the season, followed by more shipments later in the season.

The priority groups for influenza vaccination are as follows:

- Ⓢ People age 65 and older
- Ⓢ People age 2 to 64 with underlying chronic medical conditions
- Ⓢ All women who will be pregnant during the influenza season
- Ⓢ All children age 6 to 23 months
- Ⓢ Health-care workers involved in direct patient care
- Ⓢ Out-of-home caregivers and household contacts of children younger than 6 months
- Ⓢ Residents of nursing homes and long-term care facilities
- Ⓢ Children age 6 months to 18 years on chronic aspirin therapy



Questions & Answers

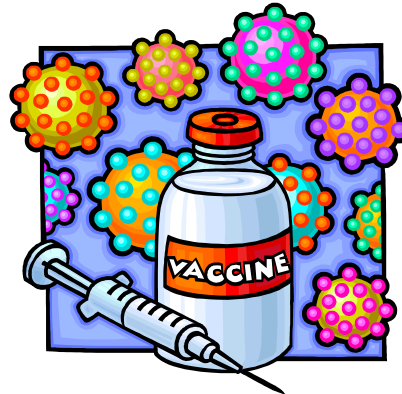
1. Is the state health department going to continue to supply clinics with TriHIBit?
A. No. The NDDoH is no longer going to carry TriHIBit (DTaP and HIB combination vaccine). The only *Haemophilus influenzae* vaccine that will be supplied by the NDDoH is PedvaxHIB®.
2. If my clinic used PEDIARIX® for the accelerated DTaP schedule (6, 10 and 14 weeks) during the pertussis outbreak last summer, are all three hepatitis B doses in the PEDIARIX® valid?
A. No. The hepatitis B component at 14 weeks is not valid. The final dose of the hepatitis B series must be administered at a minimum of 24 weeks of age or it is not considered valid. If PEDIARIX® was used for all three doses of the accelerated schedule, then an extra dose of hepatitis B must be given after 24 weeks of age.
3. If a child receives vaccines from outside of the country, are those vaccines valid?
A. Yes. Any vaccines received outside the U.S. are considered valid doses if the ages and intervals between doses are consistent with Table 1 in the General Recommendations. This is true even if it is a combination vaccine that does not exist in the U.S. For example, even if the child has received five doses of DTaP, we would recommend an additional dose at school entry if the last dose was given before the 4th birthday. You may want to give that dose at 5 or 6 years of age to reduce the chance of a local reaction.
4. Can too many injections of vaccines be given to a child at a single visit?
A. No. No upper limit has been established regarding the number of vaccines that can be administered in one visit. ACIP and the American Academy of Pediatrics (AAP) consistently recommend administration of all indicated vaccines. There is no indication, or reason to believe, that this practice is harmful to the child. You can administer two intramuscular (IM) injections in each leg. They should be separated by 1"- 2" to avoid overlap of any local reactions. You may want to put DTaP in one leg and PCV7 in the other leg, since they may be more reactive. IPV, MMR and varicella can all be administered subcutaneously (SQ) in the posterior fatty triceps area of the arm or the upper fatty area of the thigh.
5. Do Vaccine Information Statements (VISs) need to be given to the parents every time the child receives vaccines?
A. Yes. A VIS must be given to the parents for every vaccine administered at each visit, even if the child has received the vaccine previously. This is required by the National Childhood Vaccine Injury Act of 1986. The purpose of the VISs is to inform parents and patients about the benefits and risks of vaccines.

Upcoming Events:



- 50th anniversary of the first polio vaccine – **April 12**
- Current Issues in Immunization Netconference – **April 14**
- Disease Investigation Training Satellite Broadcast from the California Distance Learning Health Network (<http://cdlhn.com/default.htm>) – **April 19, 12 p.m. – 1:30 p.m.**
- National Infant Immunization Week – **April 24 – 30**
- Dr. Atkinson visits North Dakota – **April 29**

The *Immunization Newsletter* is a quarterly publication distributed to Prevention Partnership Providers.



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Publication is available in alternative forms; for more information contact Molly Sander, Editor, *Immunization Newsletter*.
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